General Assistance Medical Program **Request for Information**

<u>Candidates for Comprehensive Cardiac Rehabilitation</u> Date:		
Patient Name:	DOB:	The therapist must complete this form after
Diagnosis:		receiving authorization for an initial cardiac rehabilitation evaluation, which is done by completing the GAMP Community Clinic
Recent Cardiac Procedures:		
Plan of Care:		
Education	# of sessions needed	Referral Authorization
□ Dietary Counseling		form.
☐ Smoking Cessation		Fax this form to GAMP,
□ Weight Loss		along with:
☐ Lifestyle Modification		* METs * EKG
□ Exercise/general Conditioning Includes instruction and training in a self- directed general tonic exercise program. A. Maximum allowed VISITS (3) plus (2) additional Visits to follow-up for program updates and compliance * Medication List		
B. These visits to be combined with any educational visits from above.		
Monitored Cardiac Rehabilitation: for patients who exceed their target Heart Rate @ less than 2-3 MET level of exertion.		
A. Required Continuous Exercise ECG		
B. Baseline MET level:METS		
C. Target MET level:M	ETS	
D. Projected # of Visits to achieve target:Visits (GAMP may request interim reports for MET progression)		
Total Number of Visits Requested:Visits		
 Additional Information Needed for GAMP to respond to your request for visits include: Functional Capacity Evaluation and EKG report (if available) Medication List Target Heart rate 		
****** For GAMP Utilization Management use only *************		
Todays Date: Authorization No:		
Signature: Visits Authorized:		

Issuance of number indicates medical necessity, and does not necessarily guarantee payment of services.

Fax form to (414) 289-8516 Utilization Management: Telephone # 289-6731

Update 2/2008